

**MINUTES OF THE
BOARD OF COMMUNITY HEALTH MEETING
December 13, 2007**

Members Present

Richard Holmes, Chairman
Ross Mason, Vice Chairman (via phone)
Dr. Inman “Buddy” English
Kim Gay
Frank Jones
Richard Robinson

Members Absent

Dr. Ann McKee Parker

The Board of Community Health held its regularly scheduled monthly meeting in the Floyd Room, 20th Floor, West Tower, Twin Towers Building, 200 Piedmont Avenue, Atlanta, Georgia. Commissioner Rhonda Medows was present. (An agenda and a list of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Holmes called the meeting to order at 10:40 a.m.

Chairman’s Comments

Chairman Holmes said there are two vacancies on the Board. The Governor is in the process of appointing two new members. At the January meeting Chairman Holmes will make committee appointments and name the new chairman of the Audits Committee. Kim Gay will continue to chair the Care Management Committee. Mr. Holmes says he plans to disband the Legislative Committee and use it ad hoc. In addition, a new board secretary will be elected at the January meeting.

Approval of Minutes

The Minutes of the November 8 Meeting were UNANIMOUSLY APPROVED AND ADOPTED.

Department Updates

Carie Summers, Chief Financial Officer, reported that the Department has completed its FY 2007 Financial and Single Audit. The independent auditors wrapped up their work before Thanksgiving and issued reports. Those reports are being made available to the Audit Committee for their review, and the reports will be discussed at the January Audit Committee meeting. She said the good news is that the Department and Auditors completed their work ahead of schedule and the opinions on the statements are clean.

Ms. Summers began discussion on proposed changes to the Indigent Care Trust Fund Rules. Rule 111-3-6-.01 is necessary to reflect the new Disproportionate Share Hospital (DSH) criteria agreed upon by the Board in the public notice approved at the November 8, 2007 meeting. The words “at least one of” are deleted from the definition of disproportionate share hospital. Rule 111-3-6-.03 adds new language to clarify that DSH payments are prospective and are to be used to reimburse hospitals for uncompensated Medicaid and uninsured care that is incurred in the fiscal year that the payment is made. A public hearing is tentatively scheduled for January 23, 2008. Ms. Gay MADE a MOTION to approve for initial adoption Rules 111-3-6-.01 and 111-3-6-.03 to be published for public comment. Mr. Jones SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Rules 111-3-6-.01 and 111-3-6-.03 is hereto attached and made an official part of these Minutes as Attachment # 3).

Chairman Holmes asked Clyde Reese, Executive Director, Health Planning Division, to begin discussion on proposed changes to Certificate of Need Rules. Chairman Holmes thanked board members for attending the November 28 public hearing that was held on the proposed rule changes. Mr. Reese said the rules were originally proposed and approved for initial adoption at the October meeting. A public hearing was held on November 28 and the official

public comment period ended on November 30. Mr. Reese reviewed each rule in the order that they were initially adopted and addressed at the public hearing.

Rule 111-2-2-.11(5) will allow skilled nursing facilities to replace themselves within the same county. The current rule allows facilities to replace themselves within a distance of three miles. During the comment period the Department received one written comment from the Georgia Health Care Association in support of the proposed change. The Department received no comments in opposition to this change. Fred Watson of the Georgia Health Care Association also spoke at the public hearing, and his comments mirrored GHCA's written comments in support of the change. Ms. Gay MADE a MOTION to approve for final adoption Rule 111-2-2-.11(5). Mr. Jones SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Rule 111-2-2-.11(5) is attached hereto and made an official part of these Minutes as Attachment # 4).

Rule 111-2-2-.41 is Service Specific Review Considerations for Positron Emission Tomography Units. During the comment period the Department received four written comments in support of the proposed changes and two comments in opposition. One person provided oral comments at the public hearing. Some of the comments received dealt with the insertion of an exception for hospitals that treat as in patient persons with cancer. Other comments related to acquisition of a mobile unit under the CON equipment expenditure threshold, days a mobile unit can be at a host facility, and an exception regarding the number of scans necessary for a mobile unit at a hospital to qualify for need exception. In response to and as a result of the comments received, Mr. Reese said the Department would like to ask the Board to table this proposed rule change to allow the Department to further examine the comments received and to make a decision on whether to come back to the board with the rule as proposed or a revised rule for a new public comment period. Ms. Gay MADE a MOTION to table Rule 111-2-2-.41. Dr. English SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED.

Rule 111-2-2-.42 is Service Specific Review Considerations for MegaVoltage Radiation Therapy Units. During the comment period the Department received no written comments in support of the proposed changes and 23 comments in opposition. Four persons provided oral comments at the public hearing. Some of the comments received dealt with the Department's deletion of an exception for high utilization providers, opposition to changes for how adverse impact of how a new applicant will be determined, how the aggregate utilization of existing providers will be calculated, and opposition to the reduction in the number of patients necessary to qualify for the rural access exception for conventional radiation therapy units. Mr. Reese said in light of the comments received, the Department would like to ask the Board to table this proposed rule change to allow the Department to examine the comments in further detail and make a decision on how to proceed in the future. Mr. Jones asked what is the time period for reevaluation. Mr. Reese said although a final decision has not been made, the Department could come back as early as January with proposed changes. Mr. Jones MADE a MOTION to table Rule 111-2-2-.42. Ms. Gay SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED.

Rule 111-2-2-.24 is Service Specific Review Considerations for Perinatal Services. The proposed change to the rules would eliminate the numerical need standard, aggregate occupancy standard, and the adverse impact standard for application for Basic Level 1 Obstetric Services. During the comment period the Department received two written comments in support of the proposed change and 44 comments in opposition. Five persons spoke at the public hearing. Some of the concerns were regarding the elimination of any adverse impact analysis for new Basic Level 1 OB providers, potential impact on family practice residency programs, the intent to address access to basic perinatal services in rural areas and whether the current exception for rural providers in the current rule would suffice, and concerns raised about the potential impact of elimination of the need standard for Basic Level 1 on staffing of existing perinatal services in any particular area or community. Mr. Reese said the Department would like the opportunity to examine the comments and determine if revisions are necessary and asked the Board to table Rule 111-2-2-.24. Dr. English MADE a MOTION to table Rule 111-2-2-.24. Ms. Gay SECONDED the MOTION.

Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED.

Rule 111-2-2-.40 is an amendment to Service Specific Review Considerations for Ambulatory Surgery Services. The intent of the proposed changes is to amend the definition of multi-specialty ambulatory surgery service to expressly include general surgery as a single specialty to allow general surgeons to join the list of other single surgical specialists who are eligible to request a Letter of Nonreviewability (LNR) to establish a physician owned, office based, single specialty ambulatory surgery center. During the public comment period the Department received 423 written comments in support of the proposed change and 25 comments in opposition. At the public hearing 29 persons spoke on the proposed rules. The basic thrust of the comments submitted and discussed dealt with two issues: 1. the Department does not have the legal authority to change the rule and that it is the exclusive purview of the General Assembly; and 2. allowing general surgeons to join the list of those eligible for a statutory exemption for this type facility would add to the burden on hospitals to provide care for indigent, uninsured and Medicaid patients. Those in support of the rule focused on the issues of recognition of general surgery as a surgical specialty and allowing it to be placed on the same plane as the other recognized specialties. In regards to the Department's legal authority, Mr. Reese said there is a difference in opinion and interpretation with regard to whether or not the Board has the authority to change the rule. It is the Department's position that this Board does have the authority to change an administrative rule--that the definition of multi-specialty service is not a statutory provision but is an administrative rule that the Board does have the authority and capacity to change. With regard to the issue of financial accessibility of the exemption of centers and their ability to serve Medicaid and indigent patients, the Department feels strongly that there should be a way to address that particular issue and would like to talk further about a possible way to do that. Mr. Reese asked the Board to approve the rule as proposed for final adoption. Mr. Jones MADE a MOTION to approve for final adoption CON Rule 111-2-2-.40. Dr. English SECONDED the MOTION. Chairman Holmes called for votes; votes were taken. The MOTION was UNANIMOUSLY APPROVED. (A copy of Rule 111-2-2-.40 is attached hereto and made an official part of these Minutes as Attachment # 5).

Chairman Holmes said as a result of the public hearing and some of the comments received regarding Medicaid and indigent care, he asked the Department to search for ways to address the issue. Mr. Reese reiterated that the Department felt strongly that this issue regarding the lack of requirement for exempt ambulatory surgery centers to serve both Medicaid and indigent patients who are unable to pay for ambulatory surgery services is meritorious. He said once criteria have been met to receive that exemption, those facilities are outside of the jurisdiction of the Certificate of Need law and the CON program. The Department does not have the authority to require them (as it does for those ambulatory surgery center types who are required to get a Certificate of Need to prove their financial accessibility to serve Medicaid and indigent patients) them to report their utilization data to the Department. The Department and the Board would like to propose a Resolution to the General Assembly to give that authority to the Department. Mr. Reese read in its entirety the Resolution *Division of Health Planning Proposed Certificate of Need Rule § 111-2-2-.40 Service Specific Considerations for Ambulatory Surgical Services – Request to General Assembly of the State of Georgia*. He said this Resolution signals this Board's cooperation, discussion, and deliberations with the Governor's Office, who is diligently working on a compromise, global solution both with regard to this particular issue and all Certificate of Need issues that are subject of debate. Chairman Holmes called for votes on the approval of the Resolution as written; votes were taken. The Resolution was UNANIMOUSLY APPROVED. (A copy of the Resolution *Division of Health Planning Proposed Certificate of Need Rule § 111-2-2-.40 Service Specific Considerations for Ambulatory Surgical Services – Request to General Assembly of the State of Georgia* is attached hereto and made an official part of these Minutes as Attachment # 6).

Chairman Holmes moved to the next agenda item—Office of Health Improvement Presentations. Dr. Medows thanked the individual chairpersons representing the Advisory Councils for Minority Health, Women's Health, and Men's Health. James Peoples, Executive Director of the Office of Health Improvement (OHI) gave an overview of OHI and the Commission on Men's Health. He said under Dr. Medows' leadership she restructured OHI, placing the programs under one umbrella, with staff working as one team across the different

programs. OHI works to reduce health disparities related to critical diseases and improve health outcomes with emphasis on cardiovascular disease and stroke, diabetes, cancer and HIV/AIDS, where there are gaps in prevention, education and awareness among Georgia residents. Some of the program responsibilities are: raise awareness, educate, and empower people about their health issues; serve as a clearing house for women's, men's and minority health-related information; and develop policies and plans that support community partnerships and actions to identify health problems and work to solve them. Mr. Peoples said a lot of OHI's work is done across the state with community-based organizations that have disparity reduction as a mission or objective. OHI's goal is to become one of the most trusted and key resources of health information in this state. Other responsibilities include evaluating the effectiveness, accessibility, and quality of personal and population-based health services; conducting research to identify innovative solutions to health challenges; foster awareness of current health crisis affecting specific ethnic populations; and encourage healthy behaviors and lifestyles. OHI sponsors conferences and health fairs across the state and other community-initiated events.

Dr. Waldo Floyd is the Chairman of the Commission on Men's Health. In Dr. Floyd's absence, Mr. Peoples continued with an overview of the Commission of Men's Health (CMH). The Commission was created and signed into law in March 2001 to make recommendations to the Governor and General Assembly on how to improve the status of men's health in Georgia. The Commission is composed of 11 members—seven members appointed by the Governor; two members of the Senate appointed by the President of the Senate; and two members of the House of Representatives appointed by the Speaker of the House. One of the Commission's charges is to annually update the Governor and the General Assembly on the status of men's health. The Commission is in progress of writing a Health Report on the State of Georgia's Men and will include information as it relates to male population, male death rate and top leading causes, cardiovascular diseases, mental and behavioral disorders, substance abuse, obesity and other illnesses. The information will be broken down by race, age, and sex and compared to the health status of Georgia's women. The Commission's plan is to complete the report and present it to the Governor and General Assembly by the first of the year and then develop a work plan around the findings.

Dr. George Rust, Co-Chair of the Minority Health Advisory Council, gave an overview of the Council. The Council's mission is to improve the health of all Georgians by eliminating health disparities and achieving health quality and equity for all. The Council is composed of 12 members with three subcommittees; Policy, Resource Development, and Data. The Policy Subcommittee is working to develop a process by which health policies are identified, assessed and analyzed to improve health outcomes. The Policy Committee has focused particularly on language access and health care. The Resource Development group is working with internal and external entities to support initiatives that address specific minority health needs to improve health outcomes in their communities to achieve greater levels of equality. The Data Subcommittee's focus is using health data to develop and coordinate a state minority health plan, minority health needs assessments, and service strategies, not only at the statewide level, but burrowing down to the local level on qualities and inequalities in counties across Georgia so that local authorities can assess quality, equitable outcomes as compared to other communities and improve those outcomes with the Council's support. The Council plans to compile this information in a Georgia Health Disparities Report Card. The report will focus on the areas of cardiovascular disease, cancer, diabetes, HIV/AIDS and the associated co-morbidities because these conditions account for a great many premature deaths in the State. After addressing questions from the Board, Dr. Rust concluded his overview.

Ellen Williams, Chairperson of the Women's Health Advisory Council, began by complimenting the OHI staff and its efforts to coordinate the work of the three councils. The Office of Women's Health was created in 1999 and now has seven members. Ms. Williams said the Council is very focused on the present health status of women, health outcomes and access to quality health care. The Council has five subcommittees; Education, Media, Policy, Data, and Summit. One of the Council's on-going projects is education--to educate and improve the understanding of the value of preventive screening and improve the number of women screened for the top four cancers: breast, lung, cervical and colorectal. The Council's strategies are to develop a media plan to address screenings and other women's health issues through television and radio, partner with the First Lady to send birthday cards

to women informing/reminding them of screenings; a Women's Partnership Alliance to continue to grow community, faith based and intergovernmental partnerships; work with high schools to promote good health behaviors in adolescent girls; and host an annual Georgia Women's Health Summit. Another project is supporting statewide funding for key women's health priorities. The Council will develop policy statements to increase the number of women served in proven health programs that are data driven with evidence based outcomes. In looking at school-aged females, the Council would like to encourage at a younger age, healthy behaviors by raising awareness to school-aged girls on the risk of tobacco use and proper nutrition, physical activity and healthy lifestyles. (A copy of the Office of Health Improvement Presentation is attached hereto and made an official part of these Minutes as Attachment # 7).

Next Charles Owens, Executive Director of the Office of Rural Health, gave a presentation on the Rural Health Safety Net Program. The Rural Health Safety Net Development Team met for over twelve months and crafted the program based on what was important to individual health care providers. The mission of the Rural Health Safety Net Program is to optimize the health status and eliminate the health disparities of persons in rural and urban underserved areas of Georgia through the development of regional systems of quality health care. The purpose is to facilitate the economic development and the creation of sustainable non-traditional, regional health care delivery systems that are financially viable and designed to meet the needs of the community. The desired outcomes are improving rural health, strengthening the health care safety net, and introducing health care as a strategic industry. Mr. Owens said the most crucial objective of this program is to develop a health care system that is consumer driven which is an important for long-term viability and utilization. The FY 2008 program budget for Phase 1 is \$1.5 million. The Office of Rural Health solicited applicants through its grant program and awarded six grants (that covers 21 counties). Mr. Owens showed the board a map of where each regional health care delivery system is located. He said the projected budget for Phase 2 is \$18.5 million. Dr. Medows added that this amount was not a part of the DCH budget. (A copy of the Rural Health Safety Net Program Presentation is attached hereto and made an official part of these Minutes as Attachment # 8).

Chairman Holmes said the presentations were great. He said although missions, objectives and anticipated outcomes are very good, he would like to hear more about timelines, milestones and measurable results. He thanked the Council chairpersons for volunteering and dedicating their time and effort to help the Department and the citizens of Georgia.

Commissioner's Comments

Dr. Medows introduced Dr. Carladenise Edwards, the new Chief of Staff, and Dr. Winston Price, the Medical Director for the Division of Managed Care and Quality. She announced the promotions of Lisa Marie Shekell to Communications Director, George Panos to Interim Inspector General, and Angela Branch to Interim General Counsel. She thanked and applauded Amanda Seals for her invaluable assistance as Communications Director and said farewell as Amanda leaves for another position with the Board of Regents.

Dr. Medows said last night news reports indicated that the President vetoed the SCHIP bill and the anticipation is that the SCHIP Continuing Resolution would be attached to the House Medicare bill which is not expected to pass the Senate or bypass the President's veto. The current SCHIP extension expires tomorrow, December 14.

New Business and Closing Comments

Chairman Holmes said next month committee assignments will be made and a new secretary will be elected. He thanked the Board again for attending the CON Public Hearing and Clyde Reese for presiding over the hearing. He assured the audience that the Board and Department listens to the public and responds to the public's concerns.

Adjournment

There being no further business to be brought before the Board, Mr. Holmes adjourned the meeting at 12:39 pm.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE _____ DAY
OF _____, 2007.

RICHARD L. HOLMES
Chairman

ATTEST TO:

Secretary

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Rules 111-3-6-.01 and 111-3-6-.03
- #4 Rule 111-2-2-.11(5)
- #5 Rule 111-2-2-.40
- #6 Resolution *Division of Health Planning Proposed Certificate of Need*
Rule § 111-2-2-.40 Service Specific Considerations for Ambulatory
Surgical Services – Request to General Assembly of the State of Georgia
- #7 Office of Health Improvement Presentation
- #8 Rural Health Safety Net Program Presentation